2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005242

Entity Name: LPA INSURANCE AGENCY, INC.

FILED Mar 26, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2720 GATEWAY OAKS DR. #280 SACRAMENTO, CA 95833					
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
2720 GATEWAY OAKS DR. #280 SACRAMENTO, CA 95833					
FEI Number: 68-0417308 FEI Number Applied For () FEI Nu		FEI Number Not Applicable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
CT CORPORPORATION 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US					
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.					
SIGNATURE:					
Electronic Signature of Registered Agent Date					
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () D BROWN, TIMOTH 2720 GATEWAY SACRAMENTO, C	IY L OAKS DRIVE, STE 280	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () D BANCO, JOSEPH 336 FOURTH AVE PITTSBURGH, PA	ENUE, STE 5	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () D BROWN, TIMOTH 2720 GATEWAY SACRAMENTO, C	IY L OAKS DRIVE, STE. 280	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	FONG, SARAH F	oelete OAKS DRIVE, STE. 280 CA 95833	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CFO () D BANCO, JOSEPH 336 FOURTH AVE PITTSBURGH, PA	ENUE, STE 5	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () D DOWNS, DAVID 336 FOURTH AVE PITTSBURGH, PA		Title: Name: Address: City-St-Zip:	() Change () Addition	
I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.					

SIGNATURE: SARAH F. FONG VP 03/26/2007